Form AV-9 Web Rev. 6-06

STATE OF NORTH CAROLINA

YEAR 2007

COUNTY OF____

APPLICATION FOR EXCLUSION UNDER G.S. 105-277.1

PROPERTY TAX RELIEF FOR ELDERLY AND PERMANENTLY DISABLED PERSONS

North Carolina excludes from property taxes the greater of twenty thousand dollars (\$20,000) or fifty percent (50%) of the appraised value of a permanent residence owned and occupied by a qualifying owner. A qualifying owner is an owner who meets all of the following requirements as of January 1 preceding the taxable year for which the benefit is claimed:

(1) Is at least 65 years of age or totally and permanently disabled.

- (2) Has an income for the preceding calendar year of not more than twenty thousand five hundred dollars (\$20,500).
- (3) Is a North Carolina resident.

Income is defined as the adjusted gross income, as defined in section 62 of the Internal Revenue Code, plus all other moneys received from every source other than gifts or inheritances received from a spouse, lineal ancestor, or lineal descendant. For married applicants residing with their spouses, the income of both spouses must be included, whether or not the property is in both names.

Income Example:

If a claimant's adjusted gross income for 2006 was \$4,000.00 and this person had \$6,000.00 in social security benefits which were not taxable, his income for 2006 would be \$10,000.00. Both of these numbers may be found on the claimant's 2006 Individual Federal Income Tax Return. Assuming this was all the claimant's income for 2006 and he was at least 65 years of age or totally and permanently disabled, he would qualify for the Elderly Exclusion for tax year 2007.

		CLAIMANT	SPOUSE
1.	Full name (as shown on abstract):		
2.	Residence Address:		
3.	Social Security Number: Social Security Number information is mandatory and will be using given by U.S. Code Title 42, Section 405(c)(2)(C)(i). The So	used to establish the identification of cial Security Number and all income	
4.	Date of Birth:		
5.	Telephone #		
6.	Description of property:		
7.	What percentage of ownership does claim name of other owner(s).	1 1 •	
8.	Is the property the claimant's permanent	residence?	
9.	If claimant is not at least 65 years old bu (AV-9A) from a physician licensed to pragency authorized to determine qualification provided.	t is totally and permane actice medicine in Nort tion for disability benef	ntly disabled, attach a certificate h Carolina or from a government its and place an "X" in the space

Form Must Be Signed On Back.

10. If your income level is low enough that you enter your income for the preceding calendary	are not required to r year on this line. \$	file a Federal Inc	ome Tax Return,
11. Enter below the required income information and attach the front page of your return. If income level, use other tax documents regayear. For question 7, list income from all spouse, lineal ancestor, or lineal desceninformation under the claimant column.	on from your indivi you were not requi- rding questions 2-6 other sources other dant. If you file a	dual Federal Incored to file a Federal below, for the properties or infaction, paint return, p	ome Tax Returns eral return due to eceding calendar neritances from a lace all income
	CLA	<u>IMANT</u>	SPOUSE
1. Adjusted Gross Income.	\$	\$_	
2. Tax exempt interest (not included in adjusted gross	income)	\$	
3. IRA distributions (not included in adjusted gross included gross include	come) \$	\$	
4. Pensions and Annuities (not included in adjusted gr	oss income) \$	\$	
5. Social security benefits (not included in adjusted gro	oss income) \$	\$_	
6. Capital gains (not included in adjusted gross income	e)	\$	
7. All other moneys received. (not included in adjusted	l gross income) \$	\$_	
TOTAL	\$	\$_	
Attach a copy of the first page of your individual Fed If you have not filed at this time, please submit a coptax returns are confidential and will be treated as sitems listed under #11 above. Your application for the property of the prop	leral Income Tax Retu y of the first page at to uch, you may block of or exclusion will not	urns for the preced the time you file. Vout any information be processed unt	ling calendar year. While your income n except for those il the income tax
Attach a copy of the first page of your individual Fed If you have not filed at this time, please submit a coptax returns are confidential and will be treated as sitems listed under #11 above. Your application finformation is received. ALL INFORMATION IS SUBJECT TO VER DEPARTMENT OF REVENUE.			
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ALL INFORMATION IS SUBJECT TO VER DEPARTMENT OF REVENUE. AFFIRMATION OF CLAIMANT - Under penalties knowledge and belief all information furnished by me ir understand that this application constitutes an attachmen part as to any material fact on this application will subjectless two misdemeanor).	prescribed by law, I a connection with this a to my official tax listinget me to the criminal process.	hereby affirm that application is true and that benalties contained in	to the best of my d complete. I fully falsification on my

Application must be received by June 1st.

Do not remit this to the North Carolina Department of Revenue. Please send Completed form to the appropriate county tax office.